

22713 U.S. PTO
042204

PTO/SB/05 (08-03)

Approved for use through 04/30/2003. OMB 0651-0032
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UTILITY PATENT APPLICATION TRANSMITTAL <i>(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))</i>		Attorney Docket No. 003797.00920	
		First Inventor	Houman Pourmasseh et al.
		Title	LANGUAGE LOCALIZATION USING TABLES
		Express Mail Label No.	

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APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.		ADDRESS TO: Commissioner for Patents Mail Stop Patent Application P.O. Box 1450 Alexandria VA 22313-1450	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original and a duplicate for fee processing)</i> 2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. 3. <input checked="" type="checkbox"/> Specification [Total Pages 18] <i>(preferred arrangement set forth below)</i> - Descriptive title of the Invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 14] <input checked="" type="checkbox"/> Formal <input type="checkbox"/> Informal 5. Oath or Declaration [Total Sheets 4] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) <i>(for a continuation/divisional with Box 18 completed)</i> i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program <i>(Appendix)</i> 8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies ACCOMPANYING APPLICATIONS PARTS 9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 C.F.R. 3.73(b) Statement <input type="checkbox"/> Power of <i>(when there is an assignee)</i> Attorney 11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i> 12. <input type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS Statement (IDS)/PTO-1449 Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i> 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. <input type="checkbox"/> Other:	

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No: ____ / ____
 Prior application information: Examiner ____ Art Unit: ____

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS					
<input checked="" type="checkbox"/> Customer Number:		28319		or <input type="checkbox"/> Correspondence address below	
Name					
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City	State		Zip Code		
Country	Telephone		Fax		

Name (Print/Type)	Christopher R. Glembocki	Registration No. (Attorney/Agent)	38,800
Signature		Date	April 22, 2004

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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FEE TRANSMITTAL for FY 2004		Complete if Known	
		Application Number	TBD
Effective 10/01/2003. Patent fees are subject to annual revision.		Filing Date	April 22, 2004
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		First Named Inventor	Houman Poumasseh et al.
TOTAL AMOUNT OF PAYMENT (\$)		Examiner Name	Unassigned
		Art Unit	Unassigned
842		Attorney Docket No.	003797.00920

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money <input type="checkbox"/> Other <input type="checkbox"/> None Order		3. ADDITIONAL FEES	
<input checked="" type="checkbox"/> Deposit Account:		Large Entity Small Entity	
Deposit Account Number		Fee Code Fee (\$)	
19-0733		1051 130	
Deposit Account Name		1052 50	
Banner & Witcoff, LTD.		1053 130	
The Director is authorized to: (check all that apply)		1812 2,520	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments		1804 920*	
<input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application		1805 1,840*	
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.		1251 110	
FEE CALCULATION		1252 420	
1. BASIC FILING FEE		1253 950	
Large Entity Small Entity		1254 1,480	
Fee Code Fee (\$)		1255 2,010	
1001 770		1401 330	
1002 340		1402 330	
1003 530		1403 290	
1004 770		1451 1,510	
1005 160		1452 110	
SUBTOTAL (1) (\$ 770)		1453 1,330	
2. EXTRA CLAIM FEES		1501 1,330	
Total Claims 24 -20 ** = 4		1502 480	
Independent Claims 3 -3 ** = 0		1503 640	
Multiple Dependent 0		1460 130	
Large Entity Small Entity		1807 50	
Fee Code Fee (\$)		1806 180	
1202 18		8021 40	
1201 86		1809 770	
1203 290		2809 385	
1204 86		1810 770	
1205 18		2801 385	
SUBTOTAL (2) (\$ 72)		1802 900	
**or number previously paid, if greater; For Reissues, see above		Other fee (specify) _____	
		*Reduced by Basic Filing Fee Paid	
		SUBTOTAL (3) (\$ 0)	

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Christopher R. Glembocki	Registration No. Attorney/Agent	38,800
Signature	<i>C. Glembocki</i>	Telephone	202-824-3000
		Date	April 22, 2004

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